



House of Representatives

File No. 730

General Assembly

January Session, 2005

(Reprint of File No. 458)

Substitute House Bill No. 5814
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 6, 2005

AN ACT EXPANDING THE PRESCRIPTIVE AUTHORITY OF PHYSICIAN ASSISTANTS.

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. Subsection (a) of section 20-12d of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2005*):

4 (a) A physician assistant who has complied with the provisions of
5 sections 20-12b and 20-12c may perform medical functions delegated
6 by a supervising physician when: (1) The supervising physician is
7 satisfied as to the ability and competency of the physician assistant; (2)
8 such delegation is consistent with the health and welfare of the patient
9 and in keeping with sound medical practice; and (3) when such
10 functions are performed under the oversight, control and direction of
11 the supervising physician. The functions that may be performed under
12 such delegation are those that are within the scope of the supervising
13 physician's license, within the scope of such physician's competence as
14 evidenced by such physician's postgraduate education, training and
15 experience and within the normal scope of such physician's actual

16 practice. Delegated functions shall be implemented in accordance with
17 written protocols established by the supervising physician. All orders
18 written by physician assistants shall be followed by the signature of
19 the physician assistant and the printed name of the supervising
20 physician. A physician assistant may, as delegated by the supervising
21 physician within the scope of such physician's license, [(A)] prescribe
22 and administer drugs, including controlled substances in [schedule IV
23 or V] schedules II to V, inclusive, in all settings, [(B) renew
24 prescriptions for controlled substances in schedule II or III in
25 outpatient settings, and (C) prescribe and administer controlled
26 substances in schedule II or III to an inpatient in a short-term hospital,
27 chronic disease hospital, emergency room satellite of a general
28 hospital, or, after an admission evaluation by a physician, in a chronic
29 and convalescent nursing home, as defined in the regulations of
30 Connecticut state agencies and licensed pursuant to subsection (a) of
31 section 19a-491, provided in all cases where the physician assistant
32 prescribes a controlled substance in schedule II or III, the physician
33 under whose supervision the physician assistant is prescribing shall
34 cosign the order not later than twenty-four hours thereafter] provided,
35 in all cases in which the physician assistant prescribes a controlled
36 substance in schedule II or III, the physician under whose supervision
37 the physician assistant is prescribing shall document such physician's
38 approval of the order in the patient's medical record not later than one
39 business day thereafter. The physician assistant may, as delegated by
40 the supervising physician within the scope of such physician's license,
41 request, sign for, receive and dispense drugs to patients, in the form of
42 professional samples as defined in section 20-14c or when dispensing
43 in an outpatient clinic as defined in the regulations of Connecticut state
44 agencies and licensed pursuant to subsection (a) of section 19a-491 that
45 operates on a not-for-profit basis, or when dispensing in a clinic
46 operated by a state agency or municipality. Nothing in this subsection
47 shall be construed to allow the physician assistant to request, sign for,
48 receive or dispense any drug the physician assistant is not authorized
49 under this subsection to prescribe.

50 Sec. 2. Subsection (b) of section 20-12c of the general statutes is
51 repealed and the following is substituted in lieu thereof (*Effective*
52 *October 1, 2005*):

53 (b) A physician may function as a supervising physician for as many
54 physician assistants as is medically appropriate under the
55 circumstances, [provided (1) the supervision is active and direct, and
56 at the specific location in which the physician assistant is practicing,
57 and (2) the physician is supervising not] except that a physician may
58 not exercise supervision, as defined in section 20-12a, over more than
59 six full-time physician assistants concurrently, or the part-time
60 equivalent thereof.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2005</i>	20-12d(a)
Sec. 2	<i>October 1, 2005</i>	20-12c(b)

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note**State Impact:**

Agency Affected	Fund-Effect	FY 06 \$	FY 07 \$
Public Health, Dept.	GF - None	None	None

Note: GF=General Fund

Municipal Impact: None

Explanation

No fiscal impact is anticipated for the Department of Public Health in response to passage of this bill.

House "A" removes a requirement that supervising physicians provide supervision to physician assistants at the location in which they are practicing. This results in no fiscal impact.

OLR Bill Analysis

sHB 5814 (as amended by House "A")*

AN ACT EXPANDING THE PRESCRIPTIVE AUTHORITY OF PHYSICIAN ASSISTANTS**SUMMARY:**

This bill expands the prescriptive authority of physician assistants by allowing them to prescribe schedules II through V controlled substances in all settings. Under the bill, in all cases where a physician assistant prescribes a schedule II or III controlled substance, the supervising physician must document his approval of the order in the patient's medical record within one business day.

Under current law, a physician assistant, as delegated by the supervising physician, can (1) prescribe and administer schedules IV and V controlled substances in all settings; (2) renew prescriptions for schedules II and III controlled substances in outpatient settings; and (3) prescribe and administer schedules II and III controlled substances to an inpatient in a short-term hospital, chronic disease hospital, emergency room satellite of a general hospital, or after evaluation by a physician, in a chronic and convalescent nursing home. By law, in all cases where the physician assistant prescribes a schedule II or III controlled substance, the supervising physician must co-sign the order within 24 hours, which this bill changes to one business day.

The bill eliminates a requirement that the physician assistant's supervising physician be at the specific location in which the physician assistant is practicing. Supervision must continue to include continuous availability of direct communication between the supervising physician and the physician assistant either in person or by various telecommunications means.

*House Amendment "A" makes the change concerning supervision of the physician assistant by the supervising physician.

EFFECTIVE DATE: October 1, 2005

BACKGROUND

Controlled Substances

Controlled substances are grouped in schedules I through V according to their decreasing tendency to promote abuse or dependency.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 18 Nay 6